STATEMENT

FORM

**(1)** 

COR INCTIONS SEE BACK OF FORM	remental and a second	FORM	STATEMENT
FOR INSTRUCTIONS, SEE BACK OF FORM		DR-1	OF
CHECK ONE: This is an initial* Statement of Organization 2000 UCT - 7	8: 9 RE-	(Rev. 04/2008)	ORGANIZATION
This is an amended! Stefament of Organization		For Office Use Only	
	mittee's accepting contributions,	Comm. #	
a a transport de la companie de la c	ents must de med willing 30 days 91 - 1	Audited	
making experiorunas, or incurring inductivities and the change. Penalties may be imposed for late-filed Statements of Organization committee that exceeds \$750 in activity for another office shall file within 10.	davs either a new or amended	Computer	
DR-1 disclosing information concerning the campaign for the new office sou	ght.		
COMMITTEE NAME 1 4 candidate's committee must include the	candidate's last name in the name of	the committee.)	
MICHOLS FOR SUPERUISOR  IMPORTANT: Indicate type of committee you are reporting for: 5			
(10 )School Board or Other Political Subdivision PAC (11) Local Ballot leave (Including Commission Involved in Indian Commission PAC (11)			
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mand	story except for a	candidate's committee)
Name 1-17	Name + SAm I	NICHOL	ر د
JEAN E. HICKS	Mailing Address 1 1 -7-7 3	120+4- 40	
Mailing Address 120 M Ave.			
City State 1 1 Zio Code 1 1	City, State 1 Zip Code 1	TOWA O	40128
KNOXVILLE, IA 50138	KNOXOILL	•	201-20
Phone (141) 828-2091	Phone (641) 828-	8707	
1 1	Shiplan's	Co. (suport	elecom.net
e-Maii d/hicks 5 @ a.g./ Com INDICATE PURPOSE OF COMMITTEE - Check One Box	e-Mail 51V-1/C/OLS	dvoorte for ballot is	sue(s)
Comment or description:	I I A	dvocate agginst Dsi	101 ISBUE(S)
AM A DELLA EMACE ()	County/Local Candidates a	ind Local Ballot Co	ommittees Enter:
Office Sought: OUNTY SUPERVISOR	County: NARION	_	
Political Party (If applicable) REPUBLICAL	(If active in multiple ballot iss	ue elections, attach	list of counties
District	Date of Election://- C	4-2008	
Year Standing for Election: 200 B	Date of Election	7	•
Bank Account Name (must match committee name)	Candidate name & Address or F	arent Entity (PAC	s. If applicable).
Early Account Name (must match committee name)	Gandidate name & Address or F	Affiliate, or Sponso	s. <del>If applicable).</del> Of
Early Account Name (must match committee name)  CHBCKING ACCT.	SAM L. N	Parent Entity (PAC AMBRIDE, or Sponso ICHOLS	s. if applicable). P.
Name of Financial institution/type of Account	Sam L. N	ICHOLS	s. if applicable). Dr
Name of Financial institution/type of Account	San L. N Mailing Address 773 12044	ICHOLS  AUE	<u> </u>
Name of Financial Institution/type of Account  LOUA STATE SAVINGS  Mailing Address   Mark Account 1  Mark Account Name (must match committee name)	Sam L. N	AMBRIDA OF Sponse	Zip ↓ ↓
Name of Financial Institution/type of Account  LOUA STATE SAVINGS  Mailing Address   Mark Account 1  Mark Account Name (must match committee name)	San L. N Mailing Address 773 12044	ICHOLS  AUE	<u> </u>
Name of Financial Institution/type of Account  LOUA STATE SAVINGS  Mailing Address  ZZZE, ROBINSON  City/ + State + Zip +	San L. N Mailing Address 12014 City A 12014 KNOXUIUE	AMESTA OLS State L State L State L	Zip ↓ ↓
Name of Financial Institution/type of Account  LOUA STATE SAVINGS  Mailing Address   ZZZ E. ROBINSON  City   State   Zip   City   State   City    City   City   City   City   City   City   City   City   City   City   City   City   City   City   City    City    City    City    City    City    City    City    City    City    City    City    City     City     City     City      City	SAM L. N  Mailing Address  773 1204  City A +  KNOXUIUE -  Phone (U) 828-8	AMERICA OF SPORCE  ICHOLS  AUE  State  DOWN  707	Zp + + + + + + + + + + + + + + + + + + +
Ramic Account Name (must match committee name)  CHECKING ACCT.  Name of Financial institution/type of Account  LOUA STATE SAVINGS  Mailing Address   ZZZ E. ROBINSON  City   State   Zip   City    City   City   City    City    City    City    City    City    City    City    City    City    City    City     City    City    City    City     City      City	SAM L. N  Mailing Address  773 1204  City A +  KNOXUIUE -  Phone (U) 828-8	AMERICA OF SPORCE  ICHOLS  AUE  State  DOWN  707	Zip ↓ ↓
Rank Account Name (must match committee name)  CHECKING ACCT.  Name of Financial Institution/type of Account  LOUA STATE SAVINGS  Mailing Address  ZZZE, ROBINSON  City + State + Zip + KNUXVILLE — COUL SO/38	SAM L. N  Mailing Address  773 120  City A  KNOXUIUE  Phone (CHI) 828-8  g-Mail Sinicho	AMERICA OF SPORCE  ICHOLS  AUE  State  DOWN  707	Zp + + + + + + + + + + + + + + + + + + +
Name of Financial Institution/type of Account  LOUA STATE SAVINGS  Mailing Address   ZZZ E. ROBINSON  City   State   Zip   City   State   City    City   City   City   City   City   City   City   City   City   City   City   City   City   City   City    City    City    City    City    City    City    City    City    City    City    City    City     City     City     City      City	SAM L. N  Mailing Address  773 120  City A  KNOXUIUE  Phone (CHI) 828-8  g-Mail Sinicho	AMERICA OF SPORCE  ICHOLS  AUE  State  DOWN  707	Zp + + + + + + + + + + + + + + + + + + +
Bank Account Name (must match committee name)  CHECKING ACCT.  Name of Financial Institution/type of Account  LOUA STATE SAVINGS  Mailing Address  ZZZE. ROBINSON  City Stake + Zip + LOUA 50/38  STATEMENT OF AFFIRMATION: By filing this document the committee of the committee and all persons connected with the committee understand the	Mailing Address  773 1204  City A + KNOXUILE - Phone (LH) 828-8  e-Mail S / Li Cho	AMERICA OF SPORCE  ICHOLS  AUE  State  JOWA  707  S. A. IOWA	zo 138 So 138
Early Account Name (must match committee name)  CHECKING ACCT.  Name of Financial Institution/type of Account  LOWA STATE SAVINGS  Mailing Address  ZZZE, ROBINSON  City State + Zip	Mailing Address  773 120  City A +	STATE	Zip + 50 138  telecom net
Bank Account Name (must match committee name)  CHECKING ACCT.  Name of Financial Institution/type of Account  LOUA STATE SAVINGS  Mailing Address  ZZZE, ROBINSON  City + State + Zip +   KNUXVILLE - COLLA 50/38  STATEMENT OF AFFIRMATION: By filing this document the committee aff 1. The committee and all persons connected with the committee understand the rules in Chapter 351 of the lower Administrative Code.	Mailing Address  773 120  City A + 120  Phone (CHI) 828-8  g-Mail 5 / Chap  Arms the following:  In they are subject to the laws in lower Company and that the failure to file it	State US Sta	Zip ↓ ↓ SO 138  telecom r net  d 688 and the administrative
Rank Account Name (must match committee name)  CHECKING ACCT.  Name of Financial Institution/type of Account  LOWA STATE SAVINGS  Mailing Address  ZZZE, ROBINSON  City State + Zip	Mailing Address  773 120  City A + 120  Phone (CHI) 828-8  g-Mail 5 / Chap  Arms the following:  In they are subject to the laws in lower Company and that the failure to file it	State US Sta	Zip + 50138  **Elecom r NE**  d 688 and the administrative
Rank Account Name (must match committee name)  CHECKING ACCT.  Name of Financial Institution/type of Account  LOUA STATE SAVINGS  Mailing Address  ZZZE, ROBINSON  City	Malling Address  773 120  City A +	ATTRIBUTE OF SPONSE  ICHOLS  AUE  Strate  JOUA  707  See JOUA  Total of the reme of the part of a chill	Zip + 50138  Cole Com r 12  d 68B and the administrative after the required due dates penalty and the possible committee on all political
Rank Account Name (must match committee name)  CHECKING ACCT.  Name of Financial Institution/type of Account  LOUA STATE SAVINGS  Mailing Address  ZZZE, ROBINSON  City State + Zip	Malling Address  773  City  Phone (LH)  878  8 Mail  Sin i Choice  British the following:  Set they are subject to the laws in lower Committee to the automatic standidate's committee) to the automatic standidate's committee to the placement of the words "paid for by" wishes to register a committee name for	ATTRIBUTE OF SPONSE  ICHOLS  AUE  Strate  JOUA  707  See JOUA  Total of the reme of the part of a chill	Zip + 50138  Cole Com r 12 (  d 68B and the administrative after the required due dates penalty and the possible committee on all political
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Rank Account Name (must match committee name)  CHECKING ACCT.  Name of Financial Institution/type of Account  TOWA STATES SAVINGS  Mailing Address  TOWA STATES SAVINGS  Mailing Address  TOWA STATES SAVINGS  Mailing Address  TOWA STATES SAVINGS  State + Zip +	Malling Address  The Malling Address  City  Phone (LALL)  E-Mail  Solution  City  Phone (LALL)  Solution  Committee to the laws in lower Committee to the suitomatic solution and that the failure to file to andidate's committee) to the automatic solutions to register a committee name for m. In lieu of filing this form.  The receipt of corporate contributions by the receipt of corporate contributions by	State  St	Zip
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Name of Financial Institution/type of Account  LOWA STATE SAVINGS  Mailing Address  ZZZE, ROBINSON  City State Town Science and all persons connected with the committee afformation of the lowe Administrative Code.  1. The committee and all persons connected with the committee understand the rules in Chapter 351 of the lowe Administrative Code.  2. That lowe Code section 68A,402 and rule 351—4,9 require the filing of disclarable in control of other oriminal and civil senctions.  3. That lowe Code section 68A,405 and rules 361—4,98 through 4,43 require the manufactions of other oriminal and civil senctions.  4. That lowe Code section 68A,503 and rules 361—4,98 through 4,52 prohibit issue PACs.  5. A candidate and a candidate's committee may only experted comparing funds 6. That the committee will continue to file disclosure reports until all activity has dissolution (DR-3) has been filed.	Malling Address  City  Phone (U)  S-8-8  Phone (U)  S-Mail  S-	ATTRICTO OF SPONSON  AUE  Strate  JOUA  707  SCA / OUX  ode chapters 68A and the name of the reports on or be assessment of a civil and the name of the repurposes of using the all committees except	Zip